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President: Mr. Rosenthal (Vice-President) ..... (Guatemala)

Contents

The contribution of human resources development, including in the areas of health and education, to the process of development *(continued)*

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In the absence of Mr. Šimonović (Croatia), Mr. Rosenthal (Guatemala), Vice-President, took the Chair.

The meeting was called to order at 4.15 p.m.

The contribution of human resources development, including in the areas of health and education, to the process of development (*continued*) (E/2002/13, 46, 50 (chap. I) and 73; E/2002/L.9; E/2002/CRP.2)

1. **Mr. Borishade** (Nigeria) said that education and health, inseparable and mutually reinforcing, were pivotal to sustainable development, and that human resources development was the catalyst for improved health care, education for all, capacity-building, shelter and food security and poverty eradication. Therefore, the effectiveness of programmes and projects targeted at reducing poverty depended on the quality of education and health-care services.

2. Nigeria, despite the best intentions, was 136th on the United Nations Development Programme (UNDP) human development index, but such rankings did not reflect the efforts made or the magnitude of the challenges, and could not capture the complex reality of human development, which always had to be relevant to the domestic situation. Nigeria had in fact taken bold and imaginative steps to reform its education and health sectors in terms of access, quality and relevance. Its aim was to ensure that every Nigerian would be fully literate and numerate within the next decade and to provide basic education for children and adults. The school enrolment rate had grown by 8 per cent in the past year alone, and it was hoped that the pace would be maintained. Well-trained teachers and adequate infrastructure and teaching materials would, of course, be needed to cope with such an expansion of mass education.

3. In the health sector, mindful of the population most at risk — children, women and the elderly — his Government was concentrating on an improved immunization programme, the goal being to inoculate all children under 5 against childhood diseases. Health institutions were also being established and revamped, the number of health workers increased and the public's health awareness fostered. A national AIDS Action Committee had been established and a contribution made to the Global Fund to Fight AIDS, Tuberculosis and Malaria. It was now for the pharmaceutical companies to manufacture the generic versions of anti-retroviral drugs in his and other developing countries.

4. Nigeria welcomed the collective will of the international community, reaffirmed at the recent G8 meeting, to jointly contribute to human resources development, the first step towards overall development and towards enabling developing countries to fight the other daunting obstacles in their way. The African leaders had the clear political will to free their people from the shackles of poverty, disease and ignorance, and they counted on concerted international action as they devised the best practices. The United Nations, acting as a catalyst, should expand its advisory and supervisory role in promoting the process.

5. **Ms. Ndong-Jatta** (Observer for the Gambia) said that, without a strong human resource base, development would never take root in any society. High rates of human development correlated with high rates of economic growth and socio-economic development, and the reverse, unfortunately the case in most parts of the developing world, was also true. Without the necessary human resources to raise educational levels within their societies and shield their people from debilitating health conditions, it would be impossible for nations to attain the millennium development goals.

6. The developing countries depended on support from their development partners in the international community. Together, the weak and the strong must seek innovative, effective ways of decreasing illiteracy worldwide and increasing knowledge and skills among the deprived, in order to raise productivity levels and unleash the potential for self-actualization and development.

7. The welcome partnerships for human resources development had recently taken the form of policy advice, to which outright conditionalities had been attached that were often very destructive to the recipient countries involved. African countries, for example, had been compelled against their better judgement to divert resources from higher education towards primary and basic education exclusively, causing the dismantling of their higher education systems. Ideas from well-meaning partners about the relevance and effectiveness of the education to be given had also often proved detrimental. Policy makers in the developing countries might be poor but they

were not unintelligent, and assistance in the area of human resources had to be guided by the knowledge and collective aspirations of the indigenous people and their chosen policy makers. New partnerships must be based on that new attitude.

8. Health was the second pillar of human resources development, but throughout the African continent health services were inadequate, unevenly distributed and too expensive for the average person, and the dearth of well-trained health workers added to the constraints. Furthermore, the end result of the expensive medical training programmes many African nations had striven to establish had often unfortunately been the loss of the trained personnel to the brain drain, for lack of attractive working conditions in their own countries. Since most Africans had no access to modern health services and facilities, it would be realistic for partnerships in human resources development to strengthen and replicate the traditional health systems that provided maternal and childcare and many curative services, especially in the rural areas.

9. **Mr. Rumpf** (Observer for Namibia) said that the time had come to move from the significant commitments made at the major international conferences of the past two years to their implementation. Since independence in 1990, Namibia had always devoted more than 40 per cent of its annual budget to education and health. It had made considerable progress in the two sectors but still faced many challenges that were common to both. Foremost were the magnitude of the impact of HIV/AIDS and the need to divert funds from other national programmes to fight the disease. Educationally, the impact could be measured in the numbers of lost teachers, in the absenteeism of educators and in the vast number of children orphaned. Under the impact of HIV/AIDS, not only was human resources development inhibited but in most cases earlier gains were actually being reversed.

10. His Government reaffirmed its commitment to allocating 15 per cent of the national budget to health, just as it reaffirmed the principle of the primary responsibility of the State to ensure universal basic education and primary health care. Nevertheless, sustained assistance from the international community was essential, especially in the provision of free anti-retroviral drugs to fight the HIV/AIDS pandemic. The New Partnership for Africa's Development (NEPAD) should be encouraged and supported in the context of the forthcoming birth of the African Union as the successor to the Organization of African Unity, with significant consequences for the social, economic and political development of the continent in the future. Very little had been said in connection with NEPAD regarding the combating of HIV/AIDS, yet that would certainly have to be addressed because of the decimation of human resources and the declining economic competitiveness of the countries in its grip. Another major problem in connection with health and education was the brain drain of trained professionals to better-paying jobs in the private sector and even in the developed countries.

11. Since independence, Namibia had absorbed donor assistance transparently and effectively, and the programmes established with such assistance had also had a very high rate of success. His Government had completed the formulation of its poverty reduction strategy papers and had set up an action plan to implement them. It therefore stood ready to benefit from international funding.

12. **Ms. Andersson** (Sweden) said that progress in education and health was the most powerful means of achieving the millennium development goals and the overall aim of reducing poverty by half by 2015. Those ambitious goals required a collaborative framework. The Monterrey Consensus had spelled out the framework of financing for development, and now all must move from words to deeds. Her Government fully supported the launching of a strategy for follow-up to the millennium development goals.

13. Virtually all the goals were closely linked to health and education. The education of girls was crucial, for educated women made for educated and healthy families. Sweden was strongly committed to both the Cairo Programme of Action and the Beijing Platform for Action. Education and good health for all could be achieved only through commitment at the national level. The development of nationally owned poverty-reduction strategies was an encouraging development, for they enabled the countries themselves to take charge.

14. It was critical for the United Nations system to foster awareness of the link between health and education and the achievement of the various millennium development goals. Donors must through their development cooperation programmes contribute

the additional resources needed to improve health and education services. Sweden certainly gave them high priority. Sustainable policies, however, required domestic funding, primarily through taxation of economic growth.

15. Developing countries and their people required good basic education but also access to the most advanced knowledge and technology to enhance their progress and prosperity and devise solutions to their own particular problems. The prosperity of developed and developing countries alike depended on the global environment, and common concerns — starting with health and education for all — had to be dealt with responsibly and creatively.

16. **Mr. Sun** Joun-yung (Republic of Korea) said that, in achieving the ambitious development goals set in the Millennium Declaration, social sector expenditure must be recognized as a direct investment in economic growth. The creation of a stable labour force through improved health was fundamental to development, and a massive investment in the health sector was needed in order to have a favourable impact on the poorest and most vulnerable.

17. Education was the most effective instrument in developing human resources, as demonstrated through the commitment to universal primary education for all. Gender disparity in access to education must be eliminated; higher educational levels for mothers led to lower rates of mortality, morbidity and malnutrition in their children. The synergies between health and education must be harnessed, for example through the World Food Programme's School Feeding Programme, which combined objectives in both areas by improving children's health with nutritious food while providing for their future through education. Moreover, the "education vaccine" against HIV/AIDS utilized the dissemination of knowledge to protect against infection.

18. In the experience of his country, information and communications technology could be a powerful and cost-effective means of promoting economic growth through human resources development. However, the advanced skills and costly infrastructure required made it difficult to use in developing countries. Given those limitations, developed countries with significant infrastructure and knowledge bases should find innovative ways to provide technological assistance and training to developing countries.

19. As underscored in the Millennium Declaration and the Monterrey Consensus, developed and developing countries must form a new partnership of shared responsibility. Additionally, South-South cooperation must be fostered so that an exchange of experience and ideas could help developing nations to overcome the similar obstacles they faced.

20. Effective implementation of health and education programmes required regular and reliable monitoring of their effectiveness, which would allow those programmes to adapt to advances in globalization and technology. Moreover, programmes must be tailored to a country's specific culture, needs and resources. Finally, cooperation and coordination among all participating international agencies, Governments and civil society was needed to maximize limited resources.

21. **Mr. Aboul Gheit** (Egypt) expressed his delegation's agreement with the great importance accorded to the topic assigned to the high-level segment, inasmuch as the relationship between development and health was a vital issue in human development at the international level generally, and at the level of the developing countries in particular. The international community had adopted a new approach entailing a comprehensive view of development, comprising all the various dimensions.

22. Because of the complementarity of education and health, it was futile to establish educational institutions without providing the students with health care, and there was no point in providing health services without enabling parents to read the guidelines that would inform them about the health standards necessary in the home and in society. The topic was rendered all the more important by the deterioration of social development levels. Many developing and least developed countries were experiencing a decline in educational levels and an increase in the child mortality and poverty rates.

23. Africa witnessed a decline in development rates annually, for numerous reasons, foremost among them the overwhelming human losses and the need to channel more of the precarious resources to health services in order to halt the onslaught of diseases. All those efforts were insufficient to cope with the high rate of contagious diseases, primarily AIDS. It was perplexing that, while the least developed countries were unable to spend more than $15 per capita on

health annually, the corresponding figure for the developed countries was more than $2,000. At the same time, it had been agreed that the provision of basic health services did not require more than $30 to $40 per capita annually. That required an international collective effort to close the gap between what the economies of the developing countries needed for the provision of basic health services and what was currently available to them. While the gross national product of the developed countries was $25 trillion annually, between 1 billion and 2 billion people were still living in abject poverty worldwide. If there was a sincere intent to meet international development goals comprehensively, there was a need to at least double official development assistance.

24. Raising the standard of health services throughout the world would require the developed countries to earmark $25 billion annually for development assistance in the health sector alone, a figure which represented 1 cent out of every $10 of the gross national product of the developed countries. There was also a need to provide $15 billion for the expansion of primary education, not to mention secondary education, the importance of which was growing daily; it had become the internationally accepted minimum for employment purposes.

25. **Mr. Wang** Yingfan (China) said that the human resources development approach required a new concept of development. In the current era of globalization and rapid change in information and communications technology, development should focus on people and enable them, through education and capacity-building, to adapt to globalization.

26. A universal health-care system was also important in breaking the vicious circle where poverty undermined health, which in turn led to further poverty. Furthermore, the promotion of human resources development must involve lifelong education and an education-oriented society, including basic and vocational education, making full use of information and communications technology.

27. Human resources development also called for strengthened international cooperation. The international community must establish a cooperation mechanism based on mutual benefit and reciprocity. The developed countries should provide financial, material and technological assistance to the developing countries to help narrow the gap between North and South, and should take action to bridge the "digital divide" by sharing information and communications technology and skills.

28. The Government of China was ensuring prosperity through science and education, and viewed human resources development as an important means to sustained economic growth and social development. It was ready to strengthen exchanges and cooperation with other countries.

29. **Mr. Siv** (United States of America) said that a nation's ability to expand economic opportunity and contribute to the world economy was founded on the health, education and training of its citizens. Healthy, well-educated citizens were the mainstay of democracy and the rule of law. His Government, therefore, wanted to work with the world community to close the divide between nations that were making progress and those that were not.

30. It was crucial even for poor countries to devote adequate budgetary resources to education. The use of those financial resources must then be monitored to see that they translated into positive learning outcomes. Where that was the case, the World Bank and other donors should be prepared to increase funding significantly. The World Bank plan to "fast track" universal primary school completion in some 10 countries was a welcome first step. For its part, his Government had recently doubled its funding for the African Education Initiative inaugurated in July 2001, which would provide teacher training, scholarships for girls, textbooks and programmes to increase the role of parents in their children's education. Education could transform a society, particularly when girls and women were fully included.

31. A monumental obstacle to Africa's development was HIV/AIDS, and the United States planned to dedicate an additional $500 million to prevention of mother-to-child transmission of HIV in 12 African countries and the Caribbean, in addition to the funding it was providing for international efforts to combat HIV/AIDS and research and development of new drugs and treatments.

32. The foregoing were some of the key policy initiatives on which President Bush had based his call for a new compact for global development. Those efforts must be undertaken jointly, however, and must be defined by a new accountability for both wealthy and poor nations. Sound domestic policies, good

governance and the rule of law were fundamental to development, because they created the essential conditions for sustained economic growth and investment. Every index of social, economic and democratic well-being would improve dramatically when the world's Governments held themselves accountable for the health and education of the young.

33. **Mr. Chowdhury** (Observer for Bangladesh) said that growth of human capital through comprehensive education and health strategies was the only way to break the cycle of poverty. The aim of reducing poverty by half by 2015 was ambitious, but achievable. It would require concerted action in partnership between developed and developing countries, government and civil society, rich and poor. To reach the millennium development goals by 2015, the requirement for education was estimated at $9 billion a year and for health, $20 to $25 billion. Obviously, developing countries themselves were not in a position to generate resources at that level and external support would be essential.

34. While the international community must provide the appropriate environment for human resources development, the process itself must be domestically owned and operated. In that respect, Bangladesh took some pride in its unrivalled social indicators within its region. It had gone from a food deficit country to producing enough to feed 130 million people, and through an appropriate macroeconomic policy mix had successfully addressed poverty. It had expanded women's access to credit, education and employment. It had compiled a commendable record in school enrolment, non-formal education, adult literacy, primary school completion and girls' education. There had also been remarkable progress in the reduction of fertility and mortality rates.

35. Bangladesh had harnessed its own intellectual resources in the process of development. Home-grown ideas like microcredit and non-formal education, particularly for girls, were radically transforming society by, among other things, empowering women and mainstreaming gender. The discovery of oral rehydration therapy at the Dhaka Cholera Research Centre, which had saved the lives of 40 million children, had been described as one of the greatest scientific discoveries of the twentieth century. Development was possible only within a matrix of pluralism, liberalism, democracy, good governance, the rule of law and human rights, where an active civil society forged a partnership with a representative government.

36. His country was determined to give its people a better quality of life and persuaded that the responsibility lay mainly within. But it was unable to attain that goal for want of resources. In response to the concept of partnership, the global community had made a series of commitments, which must be honoured. Short-term benefits for some must not constitute a motive for action, especially where long-term benefits were to be had for all.

37. **Mr. Jalang'o** (Observer for Kenya) said that the outcomes of the Millennium Summit and the special sessions of the General Assembly on HIV/AIDS and on children highlighted the important roles played by health and education in development. Human resources development was fundamental, contributing to poverty eradication and economic growth through improved health, education and capacity-building. In order to ensure sustainable human resources development, however, progress must also be made in such key areas as clean water, housing, infrastructure, environmental protection, stability, peace and security.

38. The tremendous progress that Kenya had made in education and health during the three post-independence decades had been eroded owing to the impact of reductions in public funding resulting from structural adjustment programmes and the HIV/AIDS pandemic. Virtually all aspects of development had experienced the impact of HIV/AIDS, and productivity had declined while social services were overstretched. To counter that trend, the Government had emphasized affordable and equitable access to education at all levels for girls and boys alike. In collaboration with development partners, it was intensifying school feeding programmes in priority areas to improve school attendance and reduce drop-out rates. The Government had also devised an early childhood development policy focusing on children up to 6 years of age. In an effort to enhance the quality, accessibility and affordability of health care, resources were being shifted from curative services to preventive services and rural health care.

39. While countries had responsibility for ensuring their own development in line with national priorities, the input of bilateral and multilateral donors was necessary to complement local resources. Such input must be coordinated to ensure its effectiveness, using

home-grown mechanisms such as the New Partnership for Africa's Development (NEPAD) and national poverty reduction strategies. At the same time, every effort should be made to eliminate conditionalities, which continued to overburden the limited capacities of developing countries.

40. External debt continued to limit the ability of many developing countries to invest in health and education. Some of those countries spent over 30 per cent of their gross national product to service debt, a situation that was clearly untenable. It placed constraints on their ability to provide primary health care, education and other services. In addition, their capacity to eradicate poverty and achieve sustainable development had been adversely affected by decreasing levels of official development assistance and foreign direct investment. However, in the spirit of the Doha Ministerial Declaration and the Monterrey Consensus, the international community could achieve the goals set at the historic Millennium Summit.

41. **Mr. Rivero** (Peru) said that, over the preceding decade, human resources development efforts had been undertaken in the context of a global development model which had stressed economics rather than social issues and the movement of capital, especially venture capital, over human resources development. The result had been a series of crises and billion dollar bailouts which themselves violated liberal economic principles and had been aimed at helping investors rather than promoting human resources. Human resources development had in fact been negatively affected by the adjustments required as a result. That global model had also sought to impose on poor societies the patterns of production and consumption of rich societies, based on highly polluting fossil fuels. As a result, almost all the so-called developing countries were not in fact developed, and remained trapped in low-technology activities and exports of raw materials.

42. The new phenomenon of megacities full of poor people would lead to political instability and posed the major challenge for the twenty-first century. More attention must be paid to social investment, in particular for urban education and health and emphasis must be placed on social capital rather than venture capital and on productive investment rather than financial bailouts.

43. The increase in the numbers of urban poor was more serious than rural poverty, because in cities poverty and wealth existed side by side. Economics could not provide an answer because economics was not an exact science and in any case the current economic model had failed. The international community must invest in people so that they could become free and productive citizens in democratic societies. Social investment in human resources development must create urban societies which were true market economies and not mere holding areas for the poor, unemployed and homeless.

44. Greater emphasis must therefore be placed on education and health. The business sector must make its needs clear to the education sector, so that graduates would have the skills required by the marketplace. In the area of health, the lack of water must be addressed: by 2025, two thirds of the world's population might not have enough water.

45. Secure food supplies were also essential to ensure good health but, according to the World Bank, in almost 80 developing countries food production had not kept pace with growing urban populations. Agricultural subsidies in the rich countries meant that poor country producers could not compete, relegating them to poverty and forcing them to immigrate to the cities to join the ranks of the unemployed. As stated in the Doha Ministerial Declaration, those subsidies must be reduced once and for all and preferential treatment should be given to countries which were net food importers so that they could ensure food security and rural development.

46. His Government had unilaterally reduced military spending in order to allocate more resources to health and education. As a result of that initiative, the Andean Community member States had recently signed the Andean Charter for Peace and Security concerning a credible and verifiable process of conventional arms limitation at the subregional level, which would allow increased resources to be allocated to social development.

47. He reiterated the need to abandon economic theory and return to human-centred development, so that the developing countries could institute true market economies, and recalled that nearly 4.8 billion people in those countries lived on less than 4 dollars a day. With such a low level of income, there could be no real global marketplace and without a global marketplace it would be difficult to escape the stagnation which currently affected all countries.

48. **Mr. Akram** (Pakistan) recalled that human beings were both the beneficiaries and the instruments of development. Education and health were two critical sectors for human development and he called for debt relief for the developing countries to enable them to increase budget allocations to health and education.

49. In the health sector, lack of resources and capacity were exacerbated by inadequate research into the diseases which traditionally afflicted people in the developing countries because they were not as lucrative a potential market. Furthermore, poor countries were prevented by international rules and corporate practices from providing drugs to their people at affordable cost. He therefore welcomed the Declaration on the TRIPs Agreement and public health made at the recent Doha Conference and expressed support for World Health Organization (WHO) efforts to promote access to essential drugs by all countries, in particular the developing countries. The current TRIPs Agreement and restrictions on access to and transfer of technology hindered the developing countries in their efforts to promote development in the health and education sectors. In the education sector in particular, small investments could produce significant results and he called for immediate assistance for the 18 countries, including Pakistan, identified by the World Bank as able to make good use of international assistance.

50. His Government had made human resources development the cornerstone of its development policies. In the area of governance, it was promoting grass-roots democracy and public participation, subsidiarity and gender mainstreaming. Poverty eradication efforts continued in rural areas and employment opportunities were being promoted for both educated and uneducated urban residents; in that connection, a massive information technology training programme had been launched. In the education sector, a three-pronged strategy focused on literacy and universal primary education; improvements in higher education, teacher qualifications, curriculum and examination systems, and introduction of area-specific technical and vocational education at district and subdistrict levels, with special attention to education for girls. Public-private sector partnership to improve the education system was also being encouraged.

51. In the health sector, steps had been taken to raise awareness of infectious diseases such as HIV/AIDS, tuberculosis and malaria, rural health programmes had been organized, vaccination for children had been made compulsory, and better training was being provided to health workers. The doctor-patient ratio, especially in rural areas, had been improved and a close watch was being kept on the price of medicines.

52. His Government was working with international organizations and partners to build the foundations for socio-economic revival and growth. However, despite international efforts to put people at the centre of development, poverty and underdevelopment had continued to increase. At the Council's session on African development in 2001, the President of the World Bank had stated that there was a broad consensus on what needed to be done, including improved governance and conflict resolution, investment in people, increased competitiveness and diversification of economies in a globalized environment, increased finance for development and the forging of a new type of aid relationship built on African ownership and African leadership. In his opinion, three additional elements should be added: creation of a genuinely fair and open international trading system to address the priorities of the developing countries, including unhindered access to markets and commodity price stabilization; creation of an equitable and stable international financial system; and good global governance where international economic and financial decisions were taken in a coherent, responsible and accountable way with full respect for the rights of all.

53. **Mr. Sharma** (Nepal) reiterated the critical importance of human resources development for States. Unfortunately, most of the world's population was still afflicted by poverty, illiteracy, disease, hunger and lack of resources. The challenge for the international community was to adopt a holistic approach to socio-economic and human resources development, and provide the disadvantaged with opportunities for education, training, health, sanitation, housing, drinking water, food, nutrition and a secure environment, with special emphasis on children and girls.

54. People must be educated and provided with skills, as well as opportunities to use those skills, and communicable diseases such as HIV/AIDS and malaria must be tackled and health services made available to all, with appropriate use of indigenous health resources. Previous health and education campaigns, initiatives and agreements had had little effect for want of leadership and resources and all nations must

therefore reflect on whether they had exerted every effort to fulfil their international obligations.

55. The millennium development goals provided benchmarks for future efforts which, while ambitious, were achievable. The developing countries must implement reforms for improved governance, resource mobilization, development performance, education and health. The developed countries must act as true partners in helping the poor countries. They must fulfil their official development assistance pledges, provide greater debt relief and open their markets so that the developing countries, in particular the least developed, could improve their capacity to promote sustainable development and join in the process of globalization. He called in particular for early implementation of the European Union Everything But Arms initiative, which would stimulate poor countries' economies and allow them to invest more in human development. Helping the poor countries was a matter of enlightened self-interest for the wealthy nations; in so doing they could expand their markets and promote peace, security and justice for themselves and for the entire community of nations.

56. Although his Government had done its best with limited means to ensure human development, in particular in education and health, more than 50 per cent of the population were illiterate, child mortality remained high, the average lifespan was still under 60 and 38 per cent of the population lived in poverty. His Government's goal was to eradicate illiteracy, reduce child mortality, increase life expectancy, make basic health services accessible to 90 per cent of the population and reduce population growth to 1.5 per cent and poverty to 10 per cent by 2016/17. Those were formidable challenges for a poor country which was also fighting to defend democracy and freedom from Maoist terror. In order to meet those goals, it would require generous and reliable support from development partners in the North and the South.

57. The Council was a vital instrument for building consensus on key issues of global economic and social development, fostering coherent policies, laying the foundations for effective partnerships for progress and bringing synergy and coordination to United Nations development activities. He therefore welcomed its efforts to improve its performance but stressed the need for continued reform in order for the Council to fulfil its mandate, meet members' expectations and become more businesslike and functional, with the ability to monitor and evaluate implementation of its resolutions. In order for the Council to avoid being a mere annual debating forum, need rather than expediency should dictate the number and nature of its substantive sessions and the valuable insights provided by its deliberations, for example during the round tables, should be translated into concrete policies.

58. The international community could make a substantial difference in the lives of ordinary people around the world but expended too much energy on arms, unsustainable lifestyles and protection of borders from migrants seeking to escape poverty and desolation. The time had come to take stock and do what was best for humanity as a whole by eliminating poverty and promoting human resources development.

59. **Mr. Nabarro** (Executive Director, World Health Organization) recalled the importance of investing in people as an essential element of sustainable development and pointed out that good health was crucial to people's ability to earn a living and benefit from trade, therefore contributing to poverty reduction and national prosperity. The Commission on Macroeconomics and Health and other bodies had reviewed the impact of ill-health on economies and he stressed that disease and conflict were the major threats to human security and the collective future. Enormous benefits could be obtained from investment in people's health at relatively low cost (a minimum of $34 per person per year, which would require relatively little additional spending, equivalent to $.01 cent on each $10 of economic output of the wealthy countries). Even such a small amount, if used in a disciplined manner, could ensure health for all by focusing on the health risks that most affected poor people: communicable diseases, maternal and child conditions, poor nutrition, reproductive health, non-communicable diseases and unhealthy environments, tailoring responses to local conditions while also paying specific attention to the gender dimension.

60. Governments and assistance partners increasingly recognized the importance of well-planned investments which involved local people in their design and implementation, identified specific goals and strategies for achieving them and specified time frames and harmonized implementation processes. Investments in health required support for and in some cases rebuilding of health systems. There was increasing interest in ensuring that health systems achieved specific ends in an equitable manner and were

supported through long-term investment in specific skills. That required strong and effective stewardship by Governments which combined leadership and a commitment to viable alliances with all stakeholders.

61. Progress must be measured through the use of indicators of quality and coverage and the results achieved must be assessed. Additional funds, including development assistance funding for poor countries, must be allocated and utilized through a combination of policies, effective institutions and strategies based on data at the country and local levels. Most countries had proven able to utilize scarce resources for health to very good effect and, in order to mobilize increased development assistance, should do more to demonstrate the power and impact of their activities.

62. In keeping with international commitments for intensifying health action undertaken during the previous decade, national health, finance and planning authorities, among others, were reviewing options for increasing equity in health and education. Some Member States had asked WHO and other United Nations agencies to help them establish national macroeconomics and health commissions and WHO would concentrate on supporting national analysis and planning. Some major challenges involved ensuring: availability of sufficient numbers of skilled personnel; universal access to essentials such as medicines and other goods; adequate physical infrastructure for basic and referral services as well as the promotion of public health; creation of management systems capable of improving effective health care; and a legislative and regulatory framework which supported Governments and individuals as they sought to make healthy choices.

63. Assistance agencies were increasingly focusing efforts on effective action for health. Donors were harmonizing processes, encouraging regular, accurate and standardized reporting of achievements and supporting policies and programmes designed jointly with national authorities. That policy convergence and focus on measurement of results had paved the way for broader alliances for health involving Governments, development agencies, non-governmental organizations and private entities. In addition to supporting projects and programmes, they were trying to support popular, multisectoral and participatory movements for health and equity, including in the areas of childhood immunization, malaria, tuberculosis, HIV/AIDS and care for those affected by the virus, childhood immunization, healthier tobacco-free lifestyles characterized by good diet and physical activity, control of sleeping sickness, better care for the mentally ill and improved reproductive health.

64. Next steps for many countries might include: debate at the national and regional levels about means for upgrading poor people's health; macroeconomic and health initiatives within countries, including national commissions involving a range of parties; an approach tailored to the country's needs and capacity to act; evidence-based, multisectoral approaches to securing better health for all involving civil society and private sector actors, supported by the State; alliances around international targets such as the millennium development goals based on the recommendations of the Commission for Macroeconomics and Health and poverty reduction strategies; and regular reporting and review of indicators of health and health system performance If followed, those steps should lead to the mobilization of additional resources, their effective use and substantive and rapid progress towards the vital goal of health for all by 2015 at the latest.

The meeting rose at 6.25 p.m.